

226474

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET

NUMBER: 2010 - 352 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Tameera F. Conyers

Telephone: (843) 426-4502

Address: 229 Spamm Rd

Fax: (843) 426-4503

Salters, S.C. 29590

Other: (843) 356-0987

Email: tamsfrancesplus@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> Application - Class A/A Restricted   | <input type="checkbox"/> Request for Name Change on Certificate        |
| <input type="checkbox"/> Application - Class C Taxi   | <input type="checkbox"/> Request to Amend Scope of Authority           |
| <input checked="" type="checkbox"/> Application - Class C Charter   | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application - Class C Charter Bus  | <input type="checkbox"/> Request to Amend Passenger Limit              |
| <input type="checkbox"/> Application - Class C Non-Emergency  | <input type="checkbox"/> Request                                       |
| <input type="checkbox"/> Application - Class C Stretcher Van  | <input type="checkbox"/> Exhibit                                       |
| <input type="checkbox"/> Application - Class E Household Goods  | <input type="checkbox"/> Late-Filed Exhibit                            |
| <input type="checkbox"/> Application - Class E Hazardous Waste  | <input type="checkbox"/> Letter  |
| <input type="checkbox"/> Application  | <input type="checkbox"/> Proposed Order                                |
| <input type="checkbox"/> Request for Extension to Comply with Order   | <input type="checkbox"/> Publisher's Affidavit                         |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded | <input type="checkbox"/> Reservation Letter                            |
| <input type="checkbox"/> Request for Cancellation of Certificate  | <input type="checkbox"/> Response                                      |
| <input type="checkbox"/> Request for Suspension   | <input type="checkbox"/> Return to Petition                            |
| <input type="checkbox"/> Request for Reinstatement  | <input type="checkbox"/> Other: _____                                  |

RECEIVED  
OCT 19 2010  
PSC SC  
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

95

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

Date: 09-07-10

**CLASS C - CHARTER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Tams Transportation LLC

229 Spamm Rd Salters, S.C. 29590

Street Address of Applicant

SAME

Mailing Address of Applicant if different from street address

(843) 426-4502

Phone

(843) 426-4503

Fax

tams fragrances plus@yahoo.com

Email Address

2. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of SC, attach SC Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☒ Individual Owner/Sole Proprietorship

☐ Partnership - List names and address of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 09 Year 2010

### Assets:

Cash	\$5000 <sup>00</sup>
Receivables	\$800 <sup>00</sup> Monthly from spouse
Real Estate	\$30,000 2 acrea land
Buildings and Equipment (Net)	\$50,000
Motor Vehicles (Net)	\$15,000 "3 vehicle"
Garage Equipment (Net)	0
Machinery and Tools (Net)	\$5000 <sup>00</sup>
Supplies on Hand	0
Prepays and Other Assets	\$260,000 Life insurance
<b>Total Assets</b>	\$1,145.00

### Liabilities and Equity:

Accounts Payable	\$400.59 phone, water, lightbill
Notes Payable	\$230 <sup>00</sup> per month "Van"
Mortgages Payable	\$186 <sup>00</sup> per month "Home"
Equipment Obligations	0
Accrued Salaries and Wages	0
Other Accrued Obligations	0
Other Liabilities	\$200 <sup>00</sup> Life, Auto, Home Insurance
<b>Total Liabilities</b>	\$1016.59
Capital Stock	\$4000 <sup>00</sup> Roth IRA
Retained Earnings	\$1,300 per month
<b>Total Equity</b>	\$5300.00
<b>Total Liabilities and Equity</b>	\$6316.59

## PROPOSED RATES AND CHARGES FOR SERVICE

Maximum Proposed Rates and Charges for Service are as follows:

\$1 PER mile

Counties to be Served:

Florence County  
Williamsburg County  
Clarendon County  
Colleton County  
Sumter County  
Richland County  
Georgetown County  
LEE County  
Berkley County

Maximum Number of Passengers per Vehicle:

6 passengers

## DESCRIPTION OF EQUIPMENT

[illegible]

## INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED**

The following insurance quote is for:

Tams Transportation LLC

Name of Motor Carrier

229 Spamm Rd Selters, S.C. 2

Address of Motor Carrier

State Farm®

Providing Insurance and Financial Services

Home Office, Bloomington, Illinois 61710

**Sandy I Khan, Agent**

152 Blythewood Road

Blythewood, SC 29016-8425

Bus 803 735 7979

sandy.khan.m363@statefarm.com



### Amount of Premium:

### Limits Quoted: (See Below)

Liability Insurance \$ 393.70

Limits 100 - 300 - 100

The above quoted premium is for a term of 6 months.

### Minimum Limits - Intrastate Only:

1-7 Passengers \$ 25,000/50,000/25,000

8-15 Passengers \$ 25,000/100,000/25,000

STATE FARM Insurance

Name of Insurance Company

One STATE FARM PLAZA, Bloomington IL 61710

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

Sept 7 2010  
Date

Sandy Khan 803-735-7979  
Authorized Insurance Company Representative's Signature

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested.

**Exhibit FWA**

*Tamera J. Conyers*

Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No

## **Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.  
☒ Yes                      ☐ No
  
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.  
☒ Yes                      ☐ No
  
4. Applicant understands that all drivers operating a vehicle under a Class C Charter Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.  
☒ Yes                      ☐ No
  
5. Applicant understands that all Class C Charter Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.  
☒ Yes                      ☐ No



PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol.23A, S.C. Code Ann.,1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA )

COUNTY OF

Williamsburg )

Jamena J. Conyers  
Applicant's Signature

I,

Jamena Fulton Conyers  
Name of Applicant's Representative

Owner  
Title

of

Caris Transportation LLC  
Applicant

the Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jamena J. Conyers

Signature of Applicant's Representative

SWORN TO BEFORE ME

This 8<sup>th</sup> day of September, 2010

Maurice A. Morris

Notary Public

Commission Expires

7/21/2020

# *The State of South Carolina*



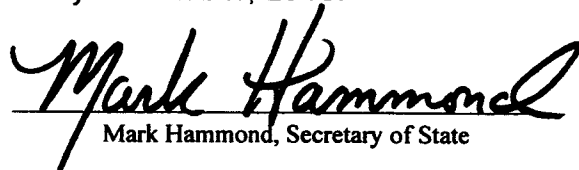
*Office of Secretary of State Mark Hammond*

## **Certificate of Existence**

**I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:**

TAMS TRANSPORTATION LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on September 15th, 2010, with a duration that is at will, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great  
Seal of the State of South Carolina this  
13th day of October, 2010.

  
Mark Hammond, Secretary of State